CARL J. KUNASEK CHAIRMAN JIM IRVIN COMMISSIONER WILLIAM A. MUNDELL COMMISSIONER



### **ORIGINA**



### ARIZONA CORPORATION COMMISSION

2000 00T 31 A 8:41

**NOTICE** 

AZ CORP COMMISSION DOCUMENT CONTROL

TO:

POWER PLANT AND TRANSMISSION LINE SITING COMMITTEE

**MEMBERS AND INTERESTED PARTIES** 

SUBJECT: DINE POWER AUTHORITY, NAVAJO TRANSMISSION

**PROJECT** 

DOCKET NO. L-00000U-00-0 Asigona Corporation Commission

DOCKETED

DATE:

**OCTOBER 31, 2000** 

OCT 3 1 2000

Enclosed for your review is a copy of the proposed Certificate of Environmental Compatibility in Case No. 103, which has been executed by Paul Bullis, Chairman-Designee for the Power Plant Transmission Line Siting Committee.

It is anticipated this will be scheduled for Open Meeting on November 28, 2000, and November 29, 2000, for consideration and approval by the Arizona Corporation Commission.

If you have need any further assistance in the above referenced matter please feel free to contact me at (602) 542-0741, or (800) 222-7000.

Sincerely,

J. Beth Cockrill

Administrative Assistant I

**Utilities Division** 

/jbc

Enclosure

cc:

Paul A. Bullis, Attorney General's Office

Shelly M. Hood, Executive Secretary's Office

**Docket Control Center** 

Bette Cockrill

# BEFORE THE ARIZONA POWER PLANT AND TRANSMISSION

1 LINE SITING COMMITTEE 2 3 4 IN MATTER OF THE APPLICATION OF CASE NO: 103 DOCKET NO. L-00000U-00-0103 DINE POWER AUTHORITY FOR A 5 CERTIFICATE OF ENVIRONMENTAL Decision No. COMPATIBILITY FOR NON-RESERVATION 6 PORTIONS OF THE NAVAJO TRANSMISSION **PROJECT** 7 8 9 CERTIFICATE OF ENVIRONMENTAL COMPATIBILITY 10 Pursuant to notice given as provided by law, the Arizona Power Plant and Transmission 11 Line Siting Committee (the "Committee") held public hearings on July 31, September 27, 12 October 4 and October 25, 2000, in conformance with the requirements of A.R.S. § 40-360, et. 13 seq., for the purpose of receiving evidence and deliberating on the Application of the Diné Power 14 Authority ("DPA" or "Applicant") for a Certificate of Environmental Compatibility for the 15 Arizona, non-reservation portions of its 500kV Navajo Transmission Project (the "Project") as 16 described in its Application The following members and designees of members of the Committee 17 were present for one or more of the hearing days: 18 Paul A. Bullis Chairman, Designee for Arizona Attorney 19 General, Janet Napolitano 20 Steve Olea Arizona Corporation Commission 21 Dennis Sundie Department of Water Resources 22 Richard Tobin Department of Environmental Quality 23 Mark McWhirter Department of Commerce 24 George Campbell Appointed Member

25

26

27

28

Arlo B. Lee\*

Jeff Maguire

Appointed Member

Appointed Member

<sup>\*</sup> Mr. Lee resigned from the Committee before the hearings on this matter were completed, and did not participate in the deliberations or voting.

A. Wayne Smith

Appointed Member

Michael Whalen

Appointed Member

The Applicant was represented by its counsel, Michael M. Grant of Gallagher & Kennedy, P.A. Staff of the Arizona Corporation Commission intervened and was represented by its counsel, Janice Alward and Teena Wolfe. The Western Area Power Administration also entered a notice of limited appearance. At the conclusion of the hearing, after consideration of the Application, the evidence and exhibits presented, the legal requirements of A.R.S. §§ 40-360 to 40-360.13, and in accordance with A.A.C. R14-3-213, upon motion duly made and seconded, the Committee voted to grant DPA the following Certificate of Environmental Compatibility (Case No. 103).

The Diné Power Authority is hereby granted a Certificate of Environmental

Compatibility for the construction of the following facilities as requested in its Application:

DPA is authorized to construct a new 500 kV transmission line in the Arizona, non-reservation portions of the proposed and alternative routes as shown on Figure 2 of the Application. This Certificate is granted upon the following conditions:

- 1. This authorization to construct the new transmission line will expire ten (10) years from the date the Certificate is approved by the Arizona Corporation Commission, unless construction is completed to the point that the line is capable of operating at its rated capacity by that time; provided, however, that prior to such expiration the Applicant may request that the Arizona Corporation Commission extend the time limitation.
- 2. The corridor for the new transmission line will not exceed one thousand (1,000) feet.
- 3. The new transmission line will be built in accordance with the mitigation measures specified in the final Construction, Operation and Maintenance Plan ("COMP") concerning the Project. In the event that the new transmission line is constructed along the alternative route described in the application, the Applicant shall ensure that the COMP specifically addresses the alternative route.
- 4. The Applicant will comply with all existing air and water pollution control standards and regulations, and with all existing applicable ordinances, master plans and regulations of the State of Arizona, Coconino, Yavapai and Mohave Counties and any other governmental entities having jurisdiction.
- 5. Construction of the new transmission line on non-reservation lands shall not begin until Segment 1, as described in the application, has been constructed and is capable of operating at its rated capacity. However, in

the event that all rights of way and regulatory approvals have been received for Segments 1 and 3 of the Project, financing has been procured for Segments 1 and 3, and construction of Segment 1 has begun, then construction of the non-reservation portions of the Project may begin prior to the completion of Segment 1, as long as Segment 1 is completed, energized and capable of operating at its rated capacity prior to Segment 3 being energized.

- 6. The Applicant will become a member of the Western States Coordinating Council ("WSCC") and will file with the Arizona Corporation Commission a copy of the Applicant's WSCC Reliability Criteria Agreement.
- 7. The Applicant will provide the Arizona Corporation Commission copies of interconnection studies concerning the Project as and when such studies are performed.
- 8. The new transmission line shall interconnect with the existing 345 kV and/or 500 kV transmission lines at either or both the Red Mesa or Moenkopi substations. If Segment 2 has not been completed, energized and capable of operating at its rated capacity, then the new transmission line shall interconnect with the existing 345 kV and/or 500 kV transmission lines at both the Red Mesa and Moenkopi substations..

GRANTED this 27 day of Ofober, 2000.

ARIZONA POWER PLANT AND TRANSMISSION LINE STRING COMMITTEE

Paul A. Bullis, Chairman

## APPROVED BY ORDER OF THE ARIZONA CORPORATION COMMISSION

2 3	Chairman	Commissioner	Commissioner
4 5 6	IN WITNESS WHEI Corporation Commission this day of	REOF, I, Brian C. McNeil, Executive Secret a, set my hand and cause the official seal of , 2000.	tary of the Arizona the Commission to be affixed
7 8 9		By Brian C. McNeil Executive Secretary	
10 11	Dissent:		
12 13 14			
15 16			
17 18 19			
20 21			
22 23 24			
25 26			
27 28			

2000 0600 0023 9790 7866	Postage S Certified Fee  Retu (Endorser Restricte (Endorsen Total Po Total Po Street, Apt. No.; or PO Box No.  City, State, ZIP+4  PS Form 3800, February 2000:	mith of Supervisors ad #101	7000 0600 nn24 474n 74cg		CERTIFIE (Domestic Mail  Postag  Suzanne Pfis  BJ Communi  2025 North 3  Phoenix , AZ  Recipient's Name (Please)  Street, Apt. No.; or PO 10  Sity, State, ZIP+4	ter cations Stree 85004	AIL RE	se Coverag	ar	
5 0023 9790 7583	U.S. Postal Service CERTIFIED MAIL REC (Domestic Mail Only; No Insurance (  Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	EIPT Coverage Provided)  Postmark Here		COMPLETE THIS SECTION ON DELIVERY		D. Is delivery address different from item  if YES, enter delivery address below: □ No	L-00000U-00-0103	3. Service Type Certifled Mail	4. Restricted Delivery? (Extra Fee)	1908092 Return Receipt
2000 0002	City Attorney Paul Lenkowsky 1255 Marina Blvd Bullhead City, AZ 86442-5733  PS Form 3800, February 2000	Sec Reverse for Instructions	一個ないのでは、	SENDER: COMPLETE THIS SECTION	plete werse ilpiece,	1. Article Addressed to:	Sulphur Springs Valley Electric Coop Wilcox A 7 occ.		2. Article Number (Copy from service (abel)	Domestic

V	5. Received By; (Print Name)  8. Act 400(r) 01/2 Co. Signification (Addressee at Agent)	Bureau of LAnd Management Arizona State Office 222 North Central Ave Phoenix, AZ 85004-2203	Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write "Recaipt Requested" on the mailpiece below the article number, delivered.  Attach and Article of the services of the mailpiece and the date of the return Receipt will show to whom the article was delivered and the date of Article Address of the services of the servi	1	Recipient's Bureau of LAnd Management Arizona State Office 222 North Central Ave
102595-99-B-0223 Domestic Return Receipt	8. Addressed Swidness (Drify if requested and lee is paid) S - 8500 Thank	Article Number  Acticle Number  Acticle Number  Acticle Number  Service Type NNTOWN ACCRITICAL ACCR	I also wish to receive the following services (for an extra fee):  1.		Phoenix , AZ 85004-2203  Phoenix , AZ 85004-2203  Postmark  Here  See Reverse for Instructions

CERTIFIED MAIL RECEIPT
(Domey Insurance Coverage Provided)

Is your <u>RETURN ADDRESS</u> completed on the reverse side?

Is your <u>F</u>	RETURN ADDR	<u>ESS</u> complete	d on the rev	verse side?		:		
6. Signature (Address-Agent	Prescott, AZ 86303  Prescott (Pril Namb) Standley  5. Received By: (Pril Namb)	Andy Jochums Planner Yavapai County Planning and Ruilding Department	Attach this form to the front of the permit.  Divine "Return Receipt Request The Return Receipt will show to delivered.  A Afficial Addressed to:	SENDER: L-00000U-00-01  Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Christ your name and address on the reverse of the card to you.	7000	OLOO, 0023	, <del>1</del> 790 797	2 ,
Agenty # 1	)Standley	ng and	Altach this form to the front of the mailplece, or on the back if space does not permit.  Dermit of the individual permit of the mailplece below the article number.  The Return Receipt Requested* on the mailplece below the article and the date of the Return Receipt will show to whom the article was delivered and the date delivered.  Anticle Articlessed to:	SENDER: L-00000U-00-0103  © Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  © Print your name and address on the reverse of this form so that we can return this card to you.	City, State, ZIP+4 PS Form 3800, February 2000	Andy Jochums Planner Rei Yavapai County Planning and Building Department 500 South Marina Street Rei Prescott, AZ 86303	Postage \$ Certified Fee	CERTIFIED MAIL REC
102595-99-B-0223 Don	7. Date of Delivery  1. bi / 00  8. Addressee's Address (Only if requested and fee is paid)	2023 9790 4b. Service Type ☐ Registered ☐ Express Mail	e Num		See Reverse	nner anning and nt Street	Postmark	L RECEIPT Insurance Coverage Provided
Domestic Return Receipt	frequested and Thank you for	Constilled Unsured using Return	Receipt Serv	I also wish to receive the following services (for an extra fee):	See Reverse for Instructions		*	ided)
ps Form 3811, December 1994	اری ا <sub>رم</sub>	Ron Lee Director Bureau of Indian Affairs Depos of the Interior 1400 West Washington #300	1	SENDER  Complete Complete Complete Complete Card to your Card to your Card to your	/ided}		artment pleted by mailed	
ber 1994	ame)	Ron Lee Director Bureau of Indian Affairs Department of the Interior 1400 West Washington #300	permit.  Divide 'Return Receipt Requested' on the mailplace below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.  4a. Article Addressed to:	SENDER: L-00000U-00-0103  © Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. © Print your name and address on the reverse of this form so that we can return this card to you.  © Attach this form to the front of the mailpiece, or on the back it space does not attach this form to the front of the mailpiece.	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pro	Postage \$	(En Ron Lee Director Affairs Department Re Bureau of Indian Affairs Department of the Interior to 1400 West Washington #300 to 1400 West Washington #300 Reci Phoenix, AZ 85007	Street, Apt. No.; or PO Box No. City, State, ZIP+4
102595-99-B-0223	8. Addressee's Abdressee's Abdressee's paid)	4b. Service Type 47/40  Registered  Express Mail Return Receipt for Merchandise	nd the date  Ag. Article Number	this		P8P5 0P5P	En Ron  Fe Bury  of th  of th	
23 Domestic Return Recei	ress (Only if requested and	Merchandise COD	Article Number 0000333	ing services (for an extra fee): 1. □ Addressee's Address 2. □ Restricted Delivery	also wish to receive the follow-			

There you for using Return Receipt Service.

Is your <u>HETUI</u>	RN ADDRESS completed	on the reverse side?	·	
5. Received By: (Print Name)  6. Signature (Addressee or Rigent)  PS Form 3811, December 1994  8. Addressee's Addressee's Addressee's Addressee's Addressee's Addressee's Addressee's Addressee's Ps Form 3811, December 1994	Robert B. Weisenmiller, Ph. D MRW & Associates, Inc 1999 Harrison Street #1440 Oakland, CA 94612	SENDER: 1-00000U-00-0103  Complete items 1 and/or 2 for additional services.  Complete items 3 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the malipiece, or on the back if space does not permit.  Write "Feturn Receipt Requested" on the malipiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.	Centified Fee  Centified Fee  Centified Fee  Contified Fee  Centified Fee  Contified Fee  Contified Robert B. Weisenmiller, Ph. D. Contified MRW & Associates, Inc. Contified I 1999 Harrison Street #1440 Contified Cakland, CA 94612 Contified Recip Contified Recip Contified Robert Apt. No., or PO Box No. Contified Contified Robert Apt. No., or PO Box No. Contified February 2000 Contified Fee  Contified F	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage
Address (Only if requested and	ta. Article Number 1000000000000000000000000000000000000	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery	Bee Reverse for Instructions	je Provided)
Is your <u>RETU</u> ၁၂ တ တ		al a Sala	0P7P E500 0040 0007 8	7965
Received By: 1 PEG 6 64 Signature (Add  The Add  S Form 6641	Robert Lynch 340 East Palm Phoenix, AZ 8	SENDER:  L-00  Complete items   and/or.2 for Complete items 3, 4a, and 4b.  Prin' your name and address card to you.  Attach this form to the front of permit.  The Return Receipt will show a delivered.	Return Re (Endorsement   Restricted De (Endorsement   Total Postax Recipient's N Street, Apt. N Street, Apt. N	(Domestic
(Print Name)  PECHT  dressee or Agent)  ACM  December 1994	Robert Lynch 340 East Palm Ln #140 Phoenix , AZ 85007-4529	L_00000U-00-0103 and/or 2 for additional services. 3, 4a, and 4b. and address on the reverse of this for to the front of the mailpiece, or on the to the front of the mailpiece by the front of the mailpiece by	Robert Lynch 340 East Palm Ln #140 Phoenix, AZ 85007-4529	
3	40 1529	SENDER:  L-00000U-00-0103  Complete items and/or-2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the malipiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the malipiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.	Pos H	RECEIP1
8. Addressee's Addr fee is paid)	4b. Service Type  4b. Service Type  Begistered  Express Mail  Return Receipt for  7. Date of Delivery	hat we can return this f space does not e article number. red and the date	Postmark Here  y mailer)  y mailer)  See Reverse for Instructions	ECEIPT nce Coverage Provided)
8. Addressee's Address (Only if requested and lee is paid)  102595-99-8-0223 Domestic Return Receipt	4b. Service Type  4b. Service Type  Begistered Express Mail Registered Express Mail Receipt for Merchandise COD  7. Date of Delivery	N L L 82 1		

PS Porm 3811, December 1994	fee is	Angman, AZ 86402-7000	& Zoning	T	3. Article Addressed to: 4a. Article Number	form to the front of the mailpiece, or on the back if space does not an Aeceipt Aequested" on the mailpiece below the article number. Receipt will show to whom the article was delivered and the date	ms 1 and/or 2 for additional services.  ms 3. 4a, and 4b.  me and address on the reverse of this form so that we can return this	SENDER: 4-0000011-00 020	City, State, ZIP-44 PS Form 3800, February 2000	Street, Apt. No.; or PO Box No.	Kingman, AZ 86402-7000	Department P.O.Box 7000		Postage \$	792	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
223 Domestic Return Receipt		Cross (Only if requested and	□ Insured	rtifled	700000600	☐ Restricted Delivery Serve	ing services (for an extra fee):  1.  Addressee's Address	l also wish to receive the follow-	See Reverse for Instructions	000	060	آن آن		Postmark	793	
ls		RN ADI		omple			rse side	?	Coy St.	Street.	Recipie	. ∑ æ . ∰®	(End S			βg
PS Form <b>3811,</b> December 1994	5. Received By: (Print Name) 6. Signature (Addressed or Agent)	Phoenix AZ 85016-2030	Stirling Energy Systems Biltmore Corporate Park	Lucille Hays	delivered. 3. Article Addressed to:	card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date.	□ Complete items 1 and/or 2 for a0000014 s00.00103  □ Complete items 3;4a, and 4b. □ Print your name and address on the reverse of this form so that we can return this	1. 1. 1.	City, State, ZIP+4  PS. Form 3800. February 2000  See Receive for Instructions	r PO Box No.	Phoenix, AZ 85016-2030	Biltmore Corporate Park	Lucille Hays Stirling France			CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
102595-99-8-0223 Domestic Return Receipt	8. Addressee's Address (Only if requested and tee is paid)	7. Date of Delivery	Express Mail  Receipt for Merchandise COD	4b. Service Type	4a. Article Number 7000060	the does not 2.  Restricted Delivery and the date			sections							

Is your <u>RETURN ADDHESS</u> completed on the reverse side?

6. Signature (Addressee or Agent) PS Form <b>3811</b> , December 1994	Afficia Advisor Gordon Ti Arizona Sti Planning S 1616 West Phoenix, A	SENDER: L-00000U-00-0103  Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b, Print your name and address on the reverse of this form so that we can return this card to you. Cattach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. D The Return Receipt will show to whom the article was delivered and the date delivered.	CERTIFIED VAI  Commestic Mai  Posta  Posta  Posta  Posta  Posta  Certified F.  Endorsement Require  Endorsement Require  Composition Delivery F.  Endorsement Require  Composition Manager  Arizona State Land Department  Planning Section
fee is paid)  fee is paid)  for in paid  fee is paid  for in paid  for	4a. Article Number 7000 0600 Re 0002397907903 un 4b. Service Type  4b. Service Type  4b. Service Type  4c. Registered  Express Mail  Express Mail  Acertified  RR  RR  7. Date of Delivery  you  k you	I also wish to receive the following services (for an extra fee):  1. □ Addressee's Address 2. □ Restricted Delivery	1616 West Adams Phoenix, AZ 85007  e Coverage Provided)  Postmark Here  See Reverse for Instructions
	URN ADDRESS complete	1 E	7000 OLOO 0023 9790 7910
Machill 1994	Planning inty Arizona ort Valley Rd Bldg #1 5,86001-9331	SENDER: L-00000U-00-0103  Complete items 1 and/or 2 for additional services. Complete items 3, 4a* and 4b: Complete items 3, 4a* and 4b* a	Coconino County Arizona  John P. Aber Planning  Legister (  Bestick (  Bestick (  Besting (  Bestin
fee is paid) 102595-99-B-0223	Date of Delivery  B. Addressee's Address (Only if requests and	Te Name	Jed)
23 Domestic Return Receipt		l also wish to receive the following services (for an extra fee):  1. ☐ Addressee's Address 2. ☐ Restricted Delivery ber 2000 06000	

is your  $\underline{\mathsf{RETURN}}$  ADDRESS completed on the reverse side?

Is your <u>RETUR</u> N A	DDRESS completed on the reverse side?		•
or Asent) KM	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Drink your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mallpiece, or on the back if space does not permit.  Write 'Herum Receipt Requested' on the mallpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.  3. Article Addressed to:  Scott McCullough  Planning & Development Department  411 North Central Ave 3rd Floor  Phoenix , AZ 85004	Certified Fee    Continued Fee   Stage   Stage	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
	also wish to receive the following services (for an extra fee):  1.    Addressee's Address 2.    Restricted Delivery 2	Department d Floor	RECEIPT  irance Coverage Provided)
1 1 1	DRESS completed on the reverse side?		
S. Signatur	SENDER:  Complete it  Complete it  Complete it  Pinty your  Arriate your  Arriate 'Retu  The Retu  The Retu  The Retu  The Retu  The Retu  The Retu  The Arriate  3. Article Ad  Patr  5310  Phoe	7000 0600 0023 9790	7897
5. Received By: (Print Name) 6. Signature Addressee of Agent) PS Form 3811, December 1994	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mallpiece, or on the back if space does not permit.  Write 'Return Receipt Requested' on the mallpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.  Article Addressed to:  Patrick M. Sherrill  5310 East Camelback Rd  Phoenix, AZ 85018	Postage  Certified Fee  Patrick M. Sherrill 5310 East Camelback Rd 9hoenix, AZ 85018  Phoenix, Or PO Box No.  Street, Apt. No., or PO Box No.  Street, Apt. No., or PO Box No.  PS Form 3800, February 2000	CERTIFIED MAIL RECEIPT [Domestic Mail Only; No Insurance Coverage Provided]
	I services.  I ser	errill nelback Rd 85018	No Insurance Cover
7. Date of Delivery  ( ) ( ) ( ) ( )  8. Addressee's Address (Only if requested and fee is paid)  102595-99-B-0223 Domestic Return Recei	I also wish to re ing services (for e does not e does	'mark ire	age Provided)
ss (Only if requested and Domestic Return Receipt	I also wish to receive the following services (for an extra fee):   1 also wish to receive the following services (for an extra fee):   1 also wish to receive the following services (for an extra fee):   1 also wish to receive the following services (for an extra fee):   2 also wish to receive the following services (for an extra fee):   3 also wish to receive the following services (for an extra fee):   4 also wish to receive the following services (for an extra fee):   5 also wish to receive the following services (for an extra fee):   6 also wish to receive the following services (for an extra fee):   7 also wish to receive the following services (for an extra fee):   7 also wish to receive the following services (for an extra fee):   7 also wish to receive the following services (for an extra fee):   8 also wish to receive the following services (for an extra fee):   9 also wish to receive the following services (for an extra fee):   1 also wish to receive the following services (for an extra fee):   1 also wish to receive the following services (for an extra fee):   1 also wish to receive the following services (for an extra fee):   2 also wish to receive the following services (for an extra fee):   2 also wish to receive the following services (for an extra fee):   3 also wish to receive the following services (for an extra fee):   4 also wish to receive the following services (for an extra fee):   4 also wish to receive the following services (for an extra fee):   5 also wish to receive the following services (for an extra fee):   5 also wish to receive the following services (for an extra fee):   6 also wish to receive the following services (for an extra fee):   6 also wish to receive the following services (for an extra fee):   7 also wish to receive the following services (for an extra fee):   7 also wish to receive the following services (for an extra fee):   7 also wish to receive the following services (for an extra fee):   8 also wish to receive the following services (for an extra fee):   9 al		

PO FORM 30:11, December 1994	8. Addressee's Address (Only it requested and fee is paid)  1)	Phoenix, AZ 85007 7. Date of Delivery NOV 1200 5	☐ Registered ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD	10C	nt of the mailpiece, or on the back if space does not  2. ☐ Restricted Delivery  actual control of the mailpiece of the particle of the mailpiece below the article number.  by how to whom the article was delivered and the date  ce	ms 1 and/or 2 for additional services.  ms 3, 4s, and 4b.  me and address on the reverse of this form so that we can return this  me and address on the reverse of this form so that we can return this  1		City, State, 2/P+4  PS Form 3800, February 2000  See Reverse for Instructions.	Office of the Atorney General  1275 West Washington  Phoenix, AZ 85007		Postage \$	7859	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
PS Form <b>3811,</b> December 1994 102595-99-8-0223 Domestic Return Receipt	5. Received BY PARKINGRIENT OF COMMERCE  SOLO N. CENTRAL SUITE 1500  6. Signature (Address86 parkingring A 85012	2800 North Central Ave #1200  Phoenix, AZ 85012  7. Date of Delivery 0 2	Mark McWhirter □ Registered □ Director Energy Office □ Department of Commerce □ Registered □ Express Mail □ Insured □ Registered	3. Article Addressed to:  4a. Article Number 70000600  0023 9790 7873		SENDER:    also wish to receive the following complete items 1 and/or 2 for additional services.   complete items 3, 4a, and 4b.   complete items 3, 4a, and 4ddress on the reverse of this form so that we can return this	1-0000000-0103	City, State, ZIP44  PS Form 3800, February 2000  See Reverse for Instructors	79 at 0	En Return Receipt Fas (En Return Receipt Fas Kark McWhirter	Postage \$  Certified Fee Postmark	7873	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

Is your  $\underline{\text{RETURN ADDRESS}}_{\mbox{completed}}$  on the reverse side?

Thank you for using Return Receipt Service

PS Form 3811, December 1994, PS	5. Received By: (Print Name)	Garlyn Bergdale President Environmental Planning Grp. Inc 4350 East Camelback Rd. Suite #G200 Phoenix, AZ 85018		<ul> <li>Attach this form to the troot of the malipiece, or on the back it space does not permit.</li> <li>White "Return Receipt Requested" on the malipiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>	٠.	SENDER: SENDER:		Street, Street, or PO Box No.  City, State, ZIP-4	Find A 350 East Camelback  Rec. 4350 East Camelback  phoenix, AZ 85018  completed by mailer	, <u>m</u> , ú			GERTIFIED MAIL (Domestic Mail Only; No Ins
102595-99-B-0223 Domestic Return Receipt	8. Addresse's Address (Only if requested and hand fee is paid)	☐ Registered ☐ Insured ☐	7790 7835	2.  Restricted Delivery	ing services (for an extra fee):  1. ☐ Addressee's Address	I also wish to receive the follow-	See Reverse for Instructions		. ~ completed by mailer)	sident ling Grp. Inc l. Rd. Suite #G200	uk		L RECEIPT nsurance Coverage Provided)
6. Signature (Addressee or Agent) y PS Form <b>3811,</b> December 1994	5. Received By (Part Name)	A. Wayne Smith 6106 South 32nd Street Phoenix, AZ 85040	3. Article Addressed to:	De Attach this form to the front of the malipiece, or on the back it space does not permit.  ■ De Write 'Return Receipt Requested" on the malipiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.	□ Complete i Complete i □ Print your r card to you	SENDER:	U.S. Postal Service	OERTIFIED MAIL DECEIFI Domestic Mail Only; No Insurance Coverage Provided)		Postage \$ Certified Fee Postmark	A. Wayne Smith	Phoenix, AZ 85040	Street, Apt. No.; or PO Box No. Giy, State, ZIP+4
102595-99-B-0223 Domestic Return Receipt	8. Addressee's Address (Only if requested and fee is paid)	for Merchan	4a. Article Number 700 05600	2.  Restricted Delivery de number.	ing services (for an extra fee): can return this 1.  Addressee's Address	1 also wish to receive the follow-	U.S.		2 h B Z	<u>DP</u> 7P	E 3 0 0	<u></u> 0900	Street, 7

Thank you for using Return Receipt Service.

FirstPoint Service Inc 1001 SW 5th Ave #500 Portland , OR 97204	Postage Postage Certified Fee ment Required) Point Servic SW 5th Av ind , OR 9  2/P+4  800. February 20  Cortified Fee ment Required)  for additional set 4b. ss on the reverse ss on the reverse of the mailpiece uested* on the m ow to whom the	Postmark Here  Postmark Here  Reverse for instructions  I also wish to receive the foing services (for an extra feing services (for an extra feing services)  Reverse for instructions  Reverse for instructions  Reverse for instructions  I also wish to receive the foing services (for an extra feing services)  Reverse for instructions  I also wish to receive the foing services (for an extra feing services)  Reverse for instructions  I also wish to receive the foing services (for an extra feing services)  Reverse for instructions  I also wish to receive the foing services (for an extra feing services)  Reverse for instructions  I also wish to receive the foing services (for an extra feing services)  Reverse for instructions  Reverse for ins	rou for using Return Receipt Service.	Postage Certified Fee Control Sate, ZiP44  Thought Sender Sender Sender Sender Sender Complete Com	4th Street  85016  See Reverse for Instructions  Sitems 1 and/or 2 for additional services. Items 3.4, and 4b. name and address on the reverse of this form so that we can return this form 10 the front of the mailpiece, or on the back if space does not so form to the front of the mailpiece below the article number. In Receipt will show to whom the article was delivered and the date service Type By  North 24th Street  Page 1  1  1  1  1  2  3  3  3  4  4  4  4  4  4  4  4  4  4	t also wish to receive the following services (for an extra fee):  In return this fing services (for an extra fee):  In Addressee's Address ee's Address  Restricted Delivery  Registered Express Mail  Receipt for Merchandise COD  Date of Delivery  The date of Delivery  A service Type  Restricted Delivery  The date of Delivery
9790		·	םרזר	Postage \$ Certified Fee		
	Endorsement Required)		(End Re:	Renron		
<del></del> ,	FirstPoint Service Inc 1001 SW 5th Ave #500 Portland , OR 97204	n. an	Tot.	Energy 4742 North 24th Street Phoenix, AZ 85016		
_1	ity State, ZIP-4	7000		אטט ט ate, ZIP+4		
SEO - 1	S Form 3800, February 2000	See Reverse for Instructions	PS For			) (C) V
Complete items 1 Complete items 3, D Print your name ar	and/or 2 for additional services. .4a, and 4b. nd address on the reverse of this form so that w		\$	SENDER Complete	nal services.	
☐ Attach this form to permit. ☐ Write "Return Receipt The Return Receipt delivered.	the front of the mailpiece, or on the back if spa seipt Requested* on the mailpiece below the arti- pt will show to whom the article was delivered a	-	eipt Servic	card to yo  Attach this permit. Write "Res The Return	lipiece, or on the back if space does not the malipiece below the article number.  The article was delivered and the date	<ol> <li>1. ☐ Addressee's Address</li> <li>2. ☐ Restricted Delivery</li> </ol>
3. Article Addressed to		4a, Article Number 7000 0600 0023 9790 787 4h Service Type	turn Rec	3. Art	4a Article N	70000600
FirstPoint Service Inc 1001 SW 5th Ave #500	ice Inc	Registered Z	ing Re	Ener 4742		pe Accertified
Portland , OR 97204	97204	Merchandise	you for us	Phoe		□ Insured r Merchandişe □ COD
5 Received By: (Print Name)  My Thursday  6. Signature (Addressee or A	Received By: (Print Name)  MIT MUNGEL  Signature (Addressee or Agent)  A	B. Addressed's Address (Only if requested and fee is paid)	ਰ Thank	5. Received By: (Print Name)  8. Signature Addressee or Agent	8. Addressee' fee is paid)	s Address (Only if requested and
PS Form <b>3811</b> , December 1994	December 1994	102595-99-B-0223 Domestic Return Receipt	eipt	Form 5811, D	may	102595-99-B-0223 Domestic Return Receipt

	Is your <u>I</u>	RETUR	N ADDR	ESS cor	npleted	on the re	everse	side?									
	n 3811, December 1994	5. Received By: (Print Name)  8. Addressee	USPS 7.1	Schlumberger Resources  Schlumberger Resources  Schlumberger Resources  Schlumberger Resources  Schlumberger Resources  Schlumberger Resources	See A	on or me malipiece, or on the back it spac quested on the malipiece below the article was delivered a	Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.	SENDER:	PS Form 3800, February 2000	City State, ZIP+4	Street, Apt. No.; or PO Box No.	Pleasanton, CA 94566		Cartification (	7 Postage \$	77	(Domestic Mail Only; No Insurance Cove
	-B-0223 Domestic Return Receipt	's Address (Only if requested and	r Merchandise □COD	pe ACcertified all □ Insured	9090 1798	2.  Restricted Delivery Selection	1. Addressee's Address	l also wish to receive the follow-	See Reverse for Instructions		by mailer)		N 4 4 40.	ark			erage Provided)
	your <u>RETU</u>	RN ADI		omplete Z P	cal	e reverse		7	18477								
PS Form <b>3811</b> , December 1994	Received By: (Print Name) Signature (Abbressee or Apent)		68		The Return Receipt will show to whom the article was delivered and the date delivered.  3. Article Addressed to:  4a. Article		SENDER:  © Complete items 1 and/or 2 for additional services.  Complete items 3. 4a, and 4b.	-COOOCU- OC	U.S. Postal Service CERTIFIED MAIL DECLINA	(Domestic Mail Only; No Insurance Coverage Provided)		Postage \$	Certified Fee Postmark	(End New West Energy, Inc	Phoenix, AZ 85082-1868		PO Box No.
102595-99-B-0223	8. Addressee's Address (Only II requested and fee is paid)	7. Date of Delivery	☐ Express Mail ☐ Return Receipt for Merchandise	<b>∆023 919</b> 0 4b. Service Type □ Registered	nd the date	an return this boes not number.			U.S. Po	(Domestic		_		(End New W Ret P.O. Bo	т Рһоепіх	Rec.	City, State, ZIP+4
1-B-0223	's Addres	wery	ail opt for Mer	979(	nber 72	2:	I also w ing serv	0 - N		+	1087	06,		@		<u> </u>	0007 2 ig
Domestic Return Receipt	is (Only)		chandise	2018 1086 G	0000	<ol> <li>□ Addressee's Address</li> <li>□ Restricted Delivery</li> </ol>	I also wish to receive the follow- ing services (for an extra fee):										

Thank you for using Return Receipt Service.

is your HETOHN ADURESS completed on the reverse side?

PS	s your <u>I</u>		RN ADI			ipleted မ	on th		rse s						:						1
PS Form <b>3811.</b> , Devember 1994	Signature (Addressee or Agent)	5. Received By: (Print Name)	4350 East Camelback Rd Suite #G-200 Phoenix, AZ 85018	Environmental Planning Grp. Inc	Time to Dand	3. Article Addressed to:	□ Write 'Return Receipt Requested' on the malipiece below the article number. □ The Return Receipt will show to whom the article was delivered and the date delivered.	card to you. © Attach this form to the front of the malipiece, or on the back if space does not permit.	□ Complete items 1, 4a, and 4b. □ Print your name and address on the reverse of this form so that we can return this	SENDER:	1-00C		7.0	пп	060	ת חו	123	9790	775	ī	
ember 1994	see or Agent)	t Name)	elback Ku Smu 5018	Planning Grp.	Dalmar	o:	Requested" on the mail show to whom the art	front of the mailpiece, o	or 2 for additional service and 4b. Idress on the reverse of		2006	PS Form 3800, Febru	City, State, ZIP+4	Street,	Recip	(Enda	End .	: Cert			CERTIFI
	llis	8.		3	ı ┌┐ <u>°</u> ±	<u>4</u> C):	piece below the article ticle was delivered and	r on the back if space of	f this form so that we co		1001	mary 2000		PO Box No.	4350 East Camelback Phoenix, AZ 85018	Principle Randy Palmer Environmental Planning Grp. Inc		Floatage \$			ED MAIL ail Only; No Ins
102595-99-B-0223		Addressee's Addressee's Addressee's paid)	7. Date of Delivery	☐ Return Receipt for Merchandise	☐ Registered	4a. Article Number 7	number. the date			ings	0/02	See Re			4350 East Camelback Nu Survey, Phoenix, AZ 85018	er ng Grp. Inc pa Swite #G-20			-		RECEIPT urance Coverage Pro
Domestic Return Receipt	) 	<ol><li>Addressee's Address (Only if requested and fee is paid)</li></ol>	ă	Merchandise ☐ COD	Certified	90 775		2. ☐ Restricted Delivery	ing services (rot all extra rec).	l also wish to receive the follow-	W 	See Reverse for Instructions			1,4	<b>30</b>					Provided)
	<u> </u>	ted and Thank		or usin	ng Rei	turn Re	ceipt	Servic	Ç	*-											
	6. Signatur	5. Receive		و: ≽		ယ		card to you  Attach this permit.	Complete Complete	SENDER	7,10	PS Form 3800,	City, State, ZIP+4	Street, Apt. No.	Recipient's Na	*** <b>=</b>	323 	9790	776	-	CERTI (Domestic
PS Form <b>3811</b> , December 1994	Signature (Addressee or Agent)	d By: (Print Name)		O.Box 3239 indow Rock , AZ 86515	Dine Power Authority	sed to:	I Write "Return Receipt Requested" on the malipiece below the gride number. I The Return Receipt will show to whom the article was delivered and the date delivered.	」 form to the front of the mailpiece, or on the back if space does not	liems 1 and/or 2 for additional services. items 3, 4a, and 4b. the reverse of this form so that we can return this name and address on the reverse of this form so that we can return this		200	3800, February 2000	*	Street, Apt. No.; or PO Box No.	Recipient's Name (Please Print Ureau),	Window Rock, AZ 86515	Dine Power Authority	Postage \$		· inter Sings	RTIFIED MAIL RECEIPT estic Mail Only: No Insurance Coverage Provided)
0	2) ‡			55.5			e mailpiece below the a the article was delivered	ece, or on the back if sp	services. erse of this form so that		ک 2	See			÷	Z 86515	hority			Sui airee Soociag	RECEIPT
	<u> </u>	8. Ad	7. Da		4b. Se □ Reg	4a. Arti	ticle number and the date	ace does not	we can return		Ō	See Reverse for Instructions						Postmark		e Frontea,	e Provided)
ם מסאמרות		Addressees /	Sept of the est	press Mail tum Recypt	4b. Service Type ☐ Registered	cle Numt					V	ctions									
100Kas.an a nana Domontie D	86515	A A	7. Date of Debyon 7. Date of D	☐ Express Mail (N1N1) ☐ Insured ☐ Return Receipt to Merchandise ☐ COD	pe Pe	4a. Article Number 1000006		<ol> <li>1. □ Addressee's Address</li> <li>2. □ Restricted Delivery</li> </ol>		I also wish to receive the follow-	U/0 V	uctions									

Thank you for using Return Receipt Service.

Is your <u>RETUR</u>	N ADDRESS completed	on the reverse side?	÷1	
5. Received by: (Finitivame) 6. Signature (Adiffessee of Agent) PS Form 3811, December 1994	3. Article Addressed to:  Salt River Project  Mail Station PAB 221  P.O.B 52025  Phoenix, AZ 85072-2025	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  White "Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.	Postage  Return [Endorseme Salt River Project Restricted   Mail Station PAB 221 Cendorsemer P.O.B 52025 Total Post Phoenix, AZ 85072-2 Recipient's) Street, Apt. No., or PO Box No. City, State, ZiP-4 PS Form 3800 February 2000	CERTIFIED I
nd Seipt	4a. Article Number 1000 Record Con 23 97 90 77 36  4b. Service Type  Begistered  Express Mail  Return Receipt for Merchandise COD  7. Date of Delivery  7. Date of Delivery  7. Date of Delivery  7. Date of Delivery	I also wish to receive the following services (for an extra fee):  1. □ Addressee's Address 2. □ Restricted Delivery	Postage  striffed Fee  Salt River Project Mail Station PAB 221 P.O.B 52025 Phoenix, AZ 85072-2025 Phoenix, AZ 85072-2025 See Reverse to Instructions Faturary 2000 See Reverse to Instructions	CERTIFIED MAIL RECEIPT  Domestic Mail Only; No Insurance Coverage Provided)
Is your <u>RETU</u>	<u> </u>	سا ارم		
Received By: (Print Name)  COREND D. L. L. N. P. D. C.  Signature (Addressee or Agent)  Form 3811, December 1994	ic Service Buren ; 85004	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the matipiece, or on the back if space does not permit.  Write 'Return Receipt Requested' on the matipiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.  3. Article Addressed to:  4a. Article N	Postage  Arizona Public Service  Aprizona Public Service  Aprizona Public Service  Phoenix , AZ 85004  Phoenix , AZ 85004  Procipient's Name (Please Print Clearly) (to be completed by mailer)  City, State, ZiP+4  PS Form 3800, February 2000  See Reve	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
8. Addressee's Addre fee is paid) 102595-99-B-0223	4b. Service Type 4b. Service Type □ Registered □ Express Mail □ Return Receipt for / 7. Date of Delivery	Lalsc ing s can return this does not 2. Can the date ta. Article Number	here	ge Provided)
Z-0	4b. Service Type  Ab. Service Type  Registered  Express Mail  Receipt for Merchandise  7. Date of Delivery  NOV 0 2 2000	I also wish to receive the following services (for an extra fee):  I can return this  I.  Addressee's Address e does not E number 2.  Restricted Delivery the number 3.  A. Article Number 3.		

is your <u>HETUI</u>	HN AUUHESS completed	on the reverse side :		
5. Received By: (Print Namb)  6. Signature (Addresses or Agen)  7. PS Form 3811, Degember 1994	3. Article Addressed to: Citizens Utilities 2901 North Central Ave Phoenix , AZ 85012	SENDER:  Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this card to you.  Attach this form to the front of the mailpiece, or or permit.  Write "Return Receipt Requested" on the mailpiece of the Return Receipt will show to whom the article delivered.	7000 0600 0023 9790	7712
vamb) 4 or A(60)) 4 or A(60)) her 1994	ıl Ave	Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write 'Heturn Receipt Requested' on the mailpiece below the article number.  The Return Receipt Will show to whom the article was delivered and the date delivered.	Postage \$ Cartified Fee Return Receipt Fee (Endorsement Required) Restrict	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)
8. Addressee's Address (Only if requested and fee is paid)  102595-99-B-0223 Domestic Return Receipt	4a. Article Number 7000 CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	I also wish to receive the following services (for an extra fee):  we can return this ace does not 2.  Addressee's Address 2.  Restricted Delivery ticle number.	Po See Re	RTIFIED MAIL RECEIPT  nestic Mail Only; No Insurance Coverage Provided)
⅓		W		
Thank	· · · · · · · · · · · · · · · · · · ·		7000 0040 0023 9790 7	7729
5. Received By: (Print Name)  RE  4. Luc  6. Signature Addressee or Agent)  9  PS Fork 3811, December 1994	Tucson Electric Power Dave Couture PO Box 711 Mail Stop 123 Tucson AZ 85702	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spacepimit.  Write 'Return Receipt' Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered at delivered.	Certified Fac  Certified Fac  (I Tucson Electric Power  (I Dave Couture  (I Dave Couture  (I Do Box 711 Mail Stop 123  Tucson AZ 85702  Tucson AZ 85702  Ri.  Street, Apt. No.; or PO Box No.  City, State, ZiP+4  PS Form 3800 February 2000  See Reverse for Instructions	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
8. Addressee's Address (Only if requested and fee is paid)  102595-99-B-0223 Domestic Return Receipt	4b. Service Type  4b. Service Type  Registered  Registered  Registered  Recept for Merchandise  7. Date of Delivery	I also wish to receive the following services (for an extra fee):  can return this 1. □ Addressee's Address e number. d the date 2. □ Restricted Delivery	Instructions	edJ

5. Hecelved By; (Print Name)  Signature (Addressee or Agent)  PS Form 3811   December 1994	Jeff Maguire  P.O.Box 1046  Sun City, AZ 85372	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the mailpiece below the article number.  Write "Return Receipt will show to whom the article was delivered and the date delivered.  3. Article Addressed to:  4a. Article Num	ent's N Apt. No tate, Zii	Postage \$    Compared   State   State	CERTIFIED MAIL RECEIPT  (Domestic Mail Only, No Insurance Coverage Provided  (F)  (F)  (F)  (F)  (F)  (F)  (F)  (F
Is your RETU	dise COD Certified COD Ryou for using Return F	o receive the follow (for an extra fee): ssee's Address cted Delivery COOGO Receipt Service.	See Reverse for Instructions	Postmark	PT erage Provided)
5. Received By: (Print Name)  S. Signature (Addressée or Jant)  C. L.	Richard Tobin Department of Environmental Quality Office of Air Quality 3033 North Central Ave M0101B Phoenix, AZ 85012-2809	SENDER:  Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the mailpiece below the article number.  Childrened.	U.S. Postal Service CERTIFIED MAIL RECEIPT Domestic Mail Only; No Insurance Coverage Provided)	Postage \$ 1.4 Richard Tobin    Department of Environmental Quality     Office of Air Quality     Office of Air Quality     3033 North Central Ave M0101B	Phoenix , A'L 83011-100-
8. Address Very Address (O. A. Phequested and fee is paid)  NOV 0 2 2000  102595-99-8-0223 Domestic Return Received Address (O. A. Phequested and fee is paid)		af we ca space do space do article n ad and th	U.S. Postal Service CERTIFIED MAII (Domestic Mail Only; No In	Richard Tobin  (B. Office of Air Quality)  1 3033 North Central	Phoenix , AL South

Thank you for using Return Receipt Service

ls your <u>RETURN ADDRESS</u> co	ompleted on the reverse side?	
Michael Grant 2575 East Camelback Rd Phoenix , AZ 85016-9225  5. Received By (Print Name) 6. Signature (Addressee br Agent) PS Form 3811, December 1994	Restricts	ος <b>Ω</b> Τη
Hegistered □ Express Mail □ Return Receipt for Merchandise □ COD □ Date of Delivery □ () ■ 8. Addressee's Address (Only if requested and fee is paid) ■ 102595-99-B-0223 ■ Domestic Return Receipt	Postmark Here  See Reverse for  See Reverse for  I also wish to rading services (for addressee 2.  Restricted  Type  Postmark Here	NIL RECEIPT Insurance Coverage Provided
13 your <u></u>	pleted on the reverse side?  ω ΠΕΙ ΠΙ ΕΙ Δ	
General Manager Arlene Arviso  Dine Power Authority  Morgan Boulevard  Window Rock , AZ 86515  Received By: (Print Name)  6. Signature (Addressee of Agent)  PS Form 3811, December 1994    Continue	SENDER:    Complete items 1 and/or 2 for additional services.   Complete items 2 and 4p.   Complete items 3 and 4p.   Complete items 4 and 4p.   Complete items 5 and 4p.   Complete items 6 and 4p.   Complete items 7 and 4p.   Complete items 7 and 4p.   Complete items 8 and 4p.   Complete items 8 and 4p.   Complete items 9 and 4p.   Complete items 1 and/or 2 for additional services.    Discontinuation   Capture   Complete items 1 and/or 2 for additional services.   Discontinuation   Capture   Complete items 1 and/or 2 for additional services.   Discontinuation   Capture   Capture	Window Rock , AZ 86515  Recipient's Name (Please Print Clearly) (to be completed by mailer)  Street, Apt. No., or PO Box No.  City, State, ZiP+4
Will Merchandise (2) Domes	tricted stricted	
bandise (Accepted and Conty Representation Receipted Rec	uid country uid co	

5. Reçeivéd By: (Print Nafhe)  6. Signature (Addressee of Agent)  PS Form 3811, December 1994  1. Addressee's Addr	Restir P.O.Box 790  [Endon Garkane Power Assoc. Inc  Restir P.O.Box 790  [Endon Richfield , UT 84701]    Total     Total     Total     Total     Total     Total     Total     City, State, ZIP14   Complete items 1 and/or 2 for additional services.   Complete items 1 and/or 2 for additional services.   Complete items 1 and/or 2 for additional services.   Complete items 3, 4a, and-4b:     Complete items 3, 4a, and-4b:     Carly your name and address on the reverse of this form so that we can return this card to you.   Attach this form to the malipiece, or on the back if space does not permit.   Print your name and address on the malipiece below the article number.     Carly Receipt Requested* on the malipiece below the article number.     The Return Receipt Requested on the article was delivered and the date delivered.   3. Article Addressed to:   Garkane Power Assoc. Inc     Garkane Power Assoc. Inc     Carly 84701     Carly 84701	CERTIFIED (Domestic Mail o
뭐	Ajo Improvement Co   Ajo AZ 85321	CERTIFIED (Domestic Mail or
8. Addressee's Address (Only if requested and fee is paid)  102595-99-B-0223 Domestic Return Receipt	I also v ing ser this 1.  2.  2.  3.7.9 ce Type tered ss Mail Receipt for Meil Page 1.  Receipt	

Thank you for using Poturn Possint Service

		ot Service.	itan Recei	itaA briiżii	int inci-	ημομτ	1								
	I also wish to receive the following services (for an extra fee):	1.   Addressee's Address 2.   Restricted Delivery	9190 0600	Service Type Registered Express Mail Coloration Received	12	B. Addressee's Address (Only if requested and fee is paid)	B-0223 Domestic Return Receipt	PS Forth 3800,	City, State, ZIP+4	* * <u>* </u> *	Recipient's N			7637	CERT (Domesti
00-00	i services.	Complete teats 5, 44, and 45.  Direct your rame and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write 'Return, Receipt Requested" on the mailpiece below the article number.	<sup>®</sup> ψ	! <b>.</b>	1 L. ·		102695-99-B-0223	February 2000 Se	<u>†</u>	Street, Apt. No.; or PO Box No.	Recipient's Name (Please Print Clearly) (to be completed by mailer)	P.O.Box 1045 Bullhead City, AZ 86430	Postage \$		IFIED MAIL RECEIPT Mail Only, No Insurance Coverage
-()	}‰ <u> </u>	Complete lients 5, 4s, and 4b.  Control of print your ranne and address on the reverse of this form so that we can return card to you.  Attach this form to the front of the mailpiece, or on the back if space does not pennit.  Divine "Return feceral Requested" on the mailpiece below the article number.	163	Mohave Electric Coop P.O.Box 1045 Bullbead City, A 7 96430	(11) AL 0015	5. Received By: (Print Name)	PS Form 3811, December 1994	See Reverse for Instructions			mailer)		stmark lere		ge Provided)
L_	Sabia	he reverse		ESS comp	HODA N		λsį		700	0	0 6 0	0.002	3 9790	7644	
	PS Form 3811. December	5. Received By: (Print Name)  RE YAC ESTES (Attheses of Appel)  1. 6. Simplifies (Attheses of Appel)	P.O. Box Pima , A	Graham County Electric	□ write 'Heturn Heceipt Medussied' on the matiphece below the arruce □ The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  4	Complete items 1 and/or 2 for additional services. Complete items 3 4a, and 4b.  I Print your name and address on the reverse of this form so that we can return this card to you.  O Atlach this form to the front of the mailpiece, or on the back if space does not permit.	ဖ	PS Form 3800, February 2000 See Reverse for Instrictions:	Otty, States, ZIP+4	Street, Apt. No., or PO Box No.	Recipient's Name (House	P.O. Box Drawer B Pima, AZ 85543	Graha- Postage \$ Postmark Here		CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

7. Date of Delivery

Addressee's Address (Only if requested and fee is paid)

102595-99-B-0223 Domestic Return Receipt

0083979 C 4b. Service Type

☐ Express Mail

D Certified ☐ Insured

☐ Registered

☐ Return Receipt for Merchandise ☐ COD

 □ Addressee's Address Restricted Delivery

l also wish to receive the following services (for an extra fee):

# Postmark Here

	eipt Service.	nk vou for usina Return Rec	ent ·			•
Ω (γ	I also wish to receive the following services (for an extra fee):  1. ☐ Addressee's Address 2. ☐ Restricted Delivery	4a. Article Number 790 90 600 200 23 90 90 6 20 84b. Service Type	9-8-0223 Domestic Return Receipt		600 0023 9790 1 9 9	7613
0-00-00-00-00-	SENUEH:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you, name and address on the reverse of this form to the front of the mailpiece, or on the back if space does not permit.  Write 'Return Receipt Requested' on the mailpiece below the article number.  I'm Return Receipt will show to whom the article was delivered and the date delivered.	Article Addressed to:  Ivajo Electric Coop  O. Box 308  keside, AZ 85929  Received By: (Print Name)	Signature Addressee or Agent)  Signature (Addressee or Agent)  Congrete (Congrete Congrete)  From 3811, December 1994	€ 02 <del>3</del> +	Certified Fee  Certified Fee  (Endo)  Rest  Rest  Certified Fee  Postmark  Here  Postmark  Here  Postmark  Here  Postmark  Here	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
1	on the reverse side		THR moves!	7000 0	1600 0023 9790	7620
γ,	I also wish to receive the following services (for an extra fee):  1. ☐ Addressee's Address 2. ☐ Restricted Delivery	4a. Article Number 1700 00 G 0 G 60 G 60 O O O O O O O O O O O O O O O O O O	S. Address (Only if requested and	Street, Apt. No., or PO Box No.  Oity, State, ZIP-4  PS Form 3800. February 2000  See Reve	7	CERTI (Domestic
0/0-00+	ervices. se of this form so that we can return this e, or on the back if space does not maligiece below the article number.	Aa. Article Number 7/00033 9 099  4b. Service Type    Registered     Express Mail     Return Receipt for Mero 7. Date of Delivery 7		See Rexerse for Instructions	Committee and the analist	FIED MAIL RECEIPT  Mail Only; No Insurance Coverage Provided)
01001130000-1	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3.4a, and 3.4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the malipiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the malipiece below the article number.	Different Recept will show to whom the delivered.  3. Article Addressed to:  Morenci Water & Electric P.O.Box 68  Morenci , AZ 85540	5. Received By: (Print Name) SEVE EUMS 6. Signature (ApplicesSee or Appm) PS Form 3811, December 1994			

311, December 1994		☐ Return Receipt for Merchandise ☐ COD  7. Date of Delivery / / 2	3. Article Addressed to:  4a. Article Number 7 COCCCO Records (200 23 9790 2576 15 15 15 15 15 15 15 15 15 15 15 15 15	additional services.  I also wish to receive the following services (for an extra fee):  on the reverse of this form so that we can return this the mailpiece, or on the back if space does not sted on the malipiece below the article number.  I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery to whom the article was delivered and the date	06660-00-0103	Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  City Clerk Charlene Ware  Ringman, AZ 86401  PS Form 3800, February 2000  Stee Reverse for Instructive  PS Form See Reverse for Instructive	(Domestic Mail Only; No Insurance Coverage Provided)  (Domestic Mail Only; No Insurance Coverage Provided)
1-000000-00-0103	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card by you.  Addressee's Address	Detections from the front of the mailpiece, or on the state those those from Definition of the mailpiece below the article number.  In the Neturn Receipt Requested* on the mailpiece below the article number.  The Neturn Receipt will show to whom the article was delivered and the date delivered.  3. Article Addressed to:	Servation Officer  DO 3.3 9/90 76  4b. Service Type  D Registered  D Express Mail	1 1	PS Form 3811, December 1994 102595-99-8-0223 Domestic Return Receipt	State Historic Preservation Officer James W. Garrison Arizona State Parks 1300 West Washington Phoenix, AZ 85007  Recipient's Name (Please Print Clearly) (to be completed by mailer) Street, Apt. No., or PO Box No.  Street, Apt. No., or PO Box No.	(Domestic Mail Only; No Insurance Coverage Provided)

Is your RETURN ADDRESS completed on the reverse side?

Is your HEIL	JHN AUDHESS CO	mpleted	on the reverse	side?				
6. Signay of 1	Mohave County Boa P.O.Box 7000 Kingman, AZ 86401	3. Article Addressed to:	Complete item Complete item Print your nan card to you.  Attach this for permit.  Write 'Return Pa delivered.	SENDER:	70	00 0 <b>6</b> 00	0023 9790	7552
6. Signal (Apply 1994 or Agent)  PS Form 3811/December 1994	Mohave County Board of Supervisors P.O.Box 7000 Kingman, AZ 86401	Idressed to:	Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write 'Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.	0/0	City. PS Form 3800, February 2000	Carol S. Anderson Mohave County Board of Supervisors P.O.Box 7000 Sine Kingman, AZ 86401	Postage \$  Certified Fee Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	CERTIFIED MAIL RE
fee is paid)  for is paid)  for in paid in pai	□ Registered □ Express Mail □ Return Receipt for Merchandise 7. Date of Delivery	4a. Article Number 1,000 C 0023 9790 75 4b. Service Type		3   lalso wish to	See Reverse for Instructions	upervisors	Postmark Here	CEIPT e Coverage Provided)
ם	COD	520	t. ☐ Addressee's Address ce.  Pestricted Delivery ce.	l also wish to receive the following services (for an extra fee):	700		0023 9790	7569
Is your <u>RETU</u>		mpleted	on the reverse	قص ال		(2) 20		
6. Signature (Addressee or Agent) PS Form 3811, December 1994	Mayor Lester Byram 310 North 4th Street Kingman , AZ 86401	3. Article Addressed to:	Complete items 3, 4a, and 4b.  Drint your name and address on the reverse of this form so that we can return this the carried to you.  Card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write Return Receipt Requested on the mailpiece below the article number.  The Return Receipt Requested on the article was delivered and the date delivered.	SENDER:  Complete items 1 and/or 2 for additional services.	City.  PS Form 3800, February 2000  See Reverse for Instructions	Tot Mayor Lester Byram Recii 310 North 4th Street Street Kingman, AZ 86401	Postage \$  Certified Fee	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
tee is paid)    Interpretation of the image	☐ Registered ☐ Insured ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD ☐ 7. Date of Delivery // 2	4a. Article Number / 1000060 0093 9190 1 SC 4b. Service Type	- this	1 also wish to receive the following services (for an extra fee):	* instructions			ded)

Thank you for using Datum Dassint Carving

5. Recei	KIN ADDRESS complete  City i  King	Complete it Comple	e? SENDER:							
5. Received By: (Print Name)  6. Signature (Addlesses or Agen  6. Signature (Addlesses or Agen  7. Signature (Addlesses or Agen  8. Signature (Addlesses or Agen  9.	City Manager Louis ( 310 North 4th Street Kingman , AZ 86401	Complete items far by an Complete items far by an Complete items far a data card to you.  Attach this form to the fropermit.  Write 'Return Receipt Red' The Return Receipt Red believered.  3. Article Addressed to:	EB.	7000	0600	002	3 P	790 <u>8</u>	252	
int Name)  Store or Agent)  WINCOLLI II III III  Cember 1994	City Manager Louis G. Sorneson 310 North 4th Street Kingman , AZ 86401	☐ Complete items 1 and Complete items 1 and Complete items 1 and Complete items 1 and Complete items 2 4a, and 4b. ☐ Print your name and address on the reverse of this form so that we can return this card to you. ☐ Attach this form to the front of the malipiece, or on the back if space does not permit. ☐ Write 'Return Receipt Requested' on the malipiece below the article number. ☐ The Return Receipt will show to whom the article was delivered. ☐ Attach Complete items of the malipiece below the article number. ☐ The Return Receipt will show to whom the article was delivered. ☐ Addressed to: ☐ Article Addressed to: ☐ 4a. Article N		Str Oil, PS Form 3800, February 2000	City Manager Louis G. Sorneson 310 North 4th Street Kingman, AZ 86401	Restricted Delivery Fee	Certified Fee  Heturn Receipt Fee  Findorsement Beguired)	Postage \$		CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
8. Addressee's Addi fee is paid)	4b. Service, Type 4b. Service, Type Registered Express Mail Return Receipt to 7. Date of Delivery	at we can return this pace does not 2. article number, and and the date			s G. Sorneson et 11					L RECEIP1
8. Addressee's Address (Only if requested and lee is paid)	10000 bootton 399908252 4b. Service, Type □ Registered □ Express Mail □ Return Receipt for Merchandise □ COD  7. Date of Delivery 1 - 2	ing services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery		See Reverse for histochans			Postmark Here			ge Provided)
의 Thank	you for using Return R	eceipt Service.	ı							
5. Received By: (Print Name) 8. Add EE C.  H. DAN: E. ree  6. Signature (Addressee or Agent) 9 PS Form 3811, December 1994	Mayor Diane Vick    1255 Marina Blvd	000U_000-0103 2 for additional services. 3 40. ess on the reverse of this form so that we ess on the malipiece, or on the back if spaculor to the malipiece, or on the back if spaculor to whom the malipiece below the article was delivered are now to whom the article was delivered are		U.S. Postal Service CERTIFIED MAIL RECEIPT [Domestic Mail Only; No Insurance Coverage Provided]	Postage		Recuired Here	Mayor Diane Vick 1255 Marina Blvd Bullhead City, AZ 86442-5733		p+d
Aduessee's Addr fee is paid) 102595-99-B-0223	4a. Arnicie Number  100000000000000000000000000000000000			U.S. P CERI		υ	<u> </u>		Recipi Street,	City, State, ZIP+4
Idress (On	~~	also wish t g services  ☐ Addre		ŀ	-928 O	<u></u> የ	E20	0 009	0 01	002
Aduesse's Abdress (Only if requested and fee is paid)  102595-99-B-0223 Domestic Return Receipt	Ma397908249  Micertified  Insured  Insured	I also wish to receive the following services (for an extra fee):  1. □ Addressee's Address 2. □ Restricted Delivery								

Thank you for using Return Receipt Service

6. Signaturé (Addressée a Agèm) PS Form 3811, December 1994		<b>CEI</b> 7 21	3419 East Menadota Brive 502	N E V Southwest LLC	card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write "Fetturn Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.	SENDER: L-00000U-00-0103  — Complete items 1 and/or 2 for additional services.  — Complete items 3, 4a, and 4b.  — Print your name and address on the reverse of this form so that we can return this		PS Form 3800, February 2000	7 6	2 2 7	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee	다 Certified Fee	<b>□</b> Postage	BE58	
102595-99-8-0223 Domestic Return Receipt	8. Addressee's Address (Only if requested and fee is paid)	.	☐ Registered ☐ Repress Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD	4a. Article Number 70000400000000000000000000000000000000	ace does not  2.			2000 for Instructions	55050-7931	N E V Southwest LLC 3419 East Menadota Drive		Неге	Postmark	€		CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
ls your					ceipt Servic				7000	0700	001	23	979	10	8245	
6. Signature (Addressee or Agent)  A Clay Me Me M  PS Form 3611, December 1994	5. Received By: (Print Name)	Lave Havasu, AZ 86403	Mohave County Board of Supervisors  2001 North College Drive	3. Article Addressed to:	card to you.  Catal to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	<u>o</u>	The state of the s	PS Form 3800, February 2000 See Reverse for	Lave Havasu, AZ 86403	⊋ <del>2</del> 9 →	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee Postmark	Postage \$		CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
102595-99-B-0223	<ol><li>Addressed's Address (Only if requested and fee is paid)</li></ol>	7. Date of Delivery	☐ Registered ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD	K	es not  2.  Restricted Delivery  mber. e date	I also wish to receive the following services (for an extra fee):		Instructions				<i>y</i>				fed)

Restricted Delivery Fee  Complete items 1 and or 2 for additional showly it requested and in all properties.  Proceeding the follow-se (for an extra fee):  Size  Prom 3800, February 2000  See Form 3800, February 2000	Postage \$ Postmark Postmark Postmark Postmark Postmark Postmark	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
--	--	---

is your <u>HETURN ADDRESS</u> completed on the reverse side?

102595-99-B-0223 Domestic Return Receipt	PS Form <b>3811,</b> December 1994			
	Is you	223 Domestic Return Receipt	PS Form <b>3811,</b> December <b>1994</b> 102595-99-B-0223	
fee is paid)	6. Signature (Addressee or	, T	6. Signature (Addressee or Agent)	<b>s you</b> i ၂ တ
8 Ardressee's Address (Ant. 15	5. Received the Wint Na	8. Address (Only if requested and kn		
☐ Return Receipt for Merchandise ☐ COD  7. Date of Delivery	NOVE NOVE 2000 USPS	11.2.00		JRN AE
Registered /	P.O.Box		Bullhead City , AZ 86442-5733	DRES
10023 9790 8707 4b. Service Type	o Arizona Llectric Power Coon	A Certified	City Manager Frank Abeyta  1255 Marina Rlvd  1255 Marina Rlvd	<u>\$5</u> .cor
e Number 1	o delivered.  3. Article Addressed to:	3790 8/90	3. Afficie Addressed to:  4a. Article Number	nplete: ن
ticle number.  1. □ Addressee's Address 2. □ Restricted Delivery		<ol> <li>☐ Restricted Delivery ser</li> <li>eipt S</li> </ol>	quested" on the mailpiece below the article number, how to whom the article was delivered and the date	d.
I also wish to receive the follow- ing services (for an extra fee): we can return this	G Complete items 1 and/or 2 to	SS SS	his	
	ပ္ဆု	I also wish to receive the follow-	200000 July 2000 103	
	م موقود الم		The second secon	?
See Reverse for Instructions	PS Form 3800, February 2000	See neverse for Instructions	PS Form 8800, February 2000	
	700 9		70E	
	Stre		<b>ω 3</b> 0	
	Arizona Electric Power Coop	:	•	;
	☐ Restricted Delivery Fee (Endorsement Required)		Restricted Delivery Fee  (Endorsement Required)	
Postmank Here	Return Receipt Fee [Endorsenant Required]	Postmark Here	Return Receipt Fee	
	Postage \$		Postage \$	
180	820		8-1-9	
>T ≀rage Provided)	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	PT erage Provided)	CERTIFIED MAIL RECEI (Domestic Mail Only; No Insurance Cov	

Thank you for using Return Receipt Source

is your <u>NETUHN AUDHESS</u> completed on the reverse side?

Is your <u>RETURN AC</u>	<u>UHESS</u> complete	ed on the	e revers	e side :										
5. Received By: (Print Name)  Control (1 1 2 2)  6. Signature (Addressee or Agant  FS Form 3811, December 1994	Illinova Energy Partners Inc 325 East Southern Ave #104 Tempe , AZ 85282	☐ Write "Return Receipt Requ ☐ The Return Receipt will sho delivered. 3. Article Addressed to:	Print your name and address card to you.  D Attach this form to the front permit.	SENDER:  D Complete items 1 and/or 200 0000 Ma 00-0403  Complete items 3. 4a, and 4b.	A control of the second	_	7000		00	23	97	90	8153	
or Agant)	rtners Inc Ave #104	u Write "Return Receipt Requested" on the malipiece below the article number. □ The Return Receipt will show to whom the article was delivered and the date delivered.  ↓ Article Addressed to: ↓ 4a. Article	☐ Print your name and address on the reverse of this form so that we can return this card to you. ☐ Attach this form to the front of the malipiece, or on the back if space does not permit.	199200 Jan 20 - 20103		PS Form 3800, February 2000		Illinova Energy Partners Inc 325 East Southern Ave #104 Tempe AZ 85282	Restricted Delivery Fee (Endorsement Required)	Return Receipt Fee (Endorsement Required)	Certified Fee	Postage \$		CERTIFIED MA (Domestic Mail Only; No
7. Date of Delivery  8. Addressee's Address Onless paid)  102595-99-B-0223  Dome	4b. Service Type  Registered  Express Mail  Return Receipt for Merchandise	tride number. Land the date  4a. Article Number	!> .→	ing services (		See Reverse for Instructions		ers Inc e #104		Here	Postmark			IAIL RECEIPT No Insurance Coverage Provided
	Contified or using Return	C Receipt	☐ Addressee's Address ☐ Restricted Delivery See   see	ing services (for an extra fee):		structions :							: : : : : : : : : : : : : : : : : : : :	<b>.</b>
-1/2 ml ml		.1 .		<u>.</u>			7000	0600	00	23	97	90	8160	
5. Received By: (Print Name) 6. Signature (Abdresse or Agent	James Zabersky Mohave County Board of 1130 Hancock Road Bullhead City , AZ 86442	D Write 'Return Receipt Rec The Return Receipt will st delivered.  Afficia Addressed to:	Complete items 3, 48, and 40. Print your name and address it card to you. Attach this form to the front of permit	ER:		PS Form 3800, February 2000	N'	Total Pc	Restricter (Endorser	Return Receipt Fee (Endorsement Required)	Cer			CERT (Domestic
Name) be or Ageny embel 1994	y Board of S	equested" on the	ress on the rev	180		, February 2000	į.	James Z Mohave C 1130 Hanc Bullhead (		eceipt Fee Required)	Certified Fee	Postage \$		CERTIFIED MAIL  Comestic Mail Only; No Ins
	James Zabersky Mohave County Board of Supervisors 1130 Hancock Road Bullhead City . AZ 86442	Divinie "Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.  Article Article Articlessed to:	Complete items 3, 4s, aku 4h.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not not be card.	0-0103	77	)		James Zabersky Mohave County Board of Supervisors 1130 Hancock Road Bullhead City , AZ 86442						CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
8. A. fe	4b. Ser	de number. Ind the date 4a. Articl	e can return t ce does not			See Reverse f		uperviso		Here	Postmark			PT verage Pro
ate of De ddressee e is paid	vice T vice T isterec ress M	e Z	<u>s</u>		4	9		S			<del>Ž</del>	ļ		Vic
7. Date of Delively  B. Addressee's Address (Carlotte is paid)  102595-99-B-0223 Do	OD 23 979( 4b. Service Type	e Number 700		l also wish ing service:		See Reverse for Instructions		rs			**X		( <b>)</b>	vided)
7. Date of Delively.  B. Addressee's Address (Only if requested and fee is paid)  102595-99-B-0223 Domestic Return Receipt	)90 Merchandis	nd the date  4a. Article Number 7000 0600	t. ☐ Addressee's Address  2. ☐ Restricted Delivery	l also wish to receive the follow- ing services (for an extra fee):		or Instructions		3			ark	_	.*	vided)

PS 6.5	(a)	<u>лгоо</u> соправо С ж н	S S S S S S S S S S S S S S S S S S S	1			
Signature Form 38	Received By:	3. Article Addressed to: Eastern Competitive Route 4 Box 1803 Lakeside, AZ 85929	SENDER: L-000  Complete items 1 and/or 2 for Complete items 3, 4a, and 4b. Print your name and address card to you.  Attach this form to the front of permit.  Write "Return Receipt Request The Helturn Receipt will show delivered.	S. A. Brook			
11, D	By: (Pr	Comp Sox 18	ems 1 ansems 3, 4ansems 3, 4ansems and arme and orm to the orm Receipt v		7000 0600	0023 9790	8139
6. Signature (Addressee of Agent) PS Form <b>3811</b> , December 1994	(Print Name)	Article Addressed to:  Eastern Competitive Solutions  Route 4 Box 1803  Lakeside, AZ 85929	SENDER: L-0000U-00-0103  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the malipiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the malipiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.	PS Form 3800, February 2000	Eastern Competitive Solutions Route 4 Box 1803 Lakeside, AZ 85929	Cèrtified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	CERTIFIED MAIL RECEI (Domestic Mail Only; No Insurance Cou
1-8-0223	7. Date of Delivery  1. Z -OO  8. Addressee's Address (Only if requested and fee is paid)	4a. Article Number 4b. Service Type  4b. Service Type  Registered  Express Mail	I also wish to receive the following services (for an extra fee):  1. Addressee's Address pace does not 2. Restricted Delivery d'and the date	See Reverse for Instructions	tions	Postmark Here	IFIED MAIL RECEIPT ic Mail Only; No Insurance Coverage Provided)
والمراجع المراجع المرا		Coop or using Return Re	.		7000 0600	0023 9790	8146
6. Sighature (Adglessee or Agent) PS Form 38 1%, December 1994	5. Received By: (Print Name)	PG & E Energy Service Corp 6900 East Camelback Rd #800 Scottsdale, AZ 85251-0000	SENDER: L-00000U-00-0103  Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if suppermit.  While "Return Receipt Requested" on the mailpiece below the additional of the Return Receipt will show to whom the article was delivered at a delivered.	PS Form 3800. February 2000 See Reverse for Instructions	<del>, , , , , , , , , , , , , , , , , , , </del>	Certified Fee Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
102595-99-B-0223	7. Date of Delivery (D)  8. Addressee's Address (Only if requested and fee is paid)	4a. Article Number 7	I also wish to receive the following services (for an extra fee): etum this  1. □ Addressee's Address a not 2. □ Restricted Delivery date	nstructions			(pg

Thank you for using Return Receipt Service.

PS Form 3011, December 1994	6. Signature, Addressee of As	5. Received By: (Print Name)	3900 East Braodway Tucson, AZ 85711	3. Article Addressed to:	□ Complete items 3.4 and 40. □ Complete items 3.4 and 40. □ Complete items 3.4 and 40. □ Print your name and address on the reverse of the card to you. □ Attach this form to the front of the mailpiece, or on permit. □ Write 'Return Receipt Requested' on the mailpied of the Return Receipt will show to whom the article delivered.		7000	0600	0023 9790	<b>41</b> 15
	7.3	8. Addressee's A fee is paid)	7000	4a. Article Number  OODS 9  4b. Service Type	is form so that we can return this the back if space does not be below the article number. was delivered and the date	r learnest Action	Street, Street, Oity, St. DS Form Strip Enhances 2000.	Total Sierra Southwest Electric Coop    3900 East Braodway     Tucson , AZ 85711	Postage  Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Banistad)	CERTIFIED MAIL RECE (Domestic Mail Only; No Insurance Co
	Domestic Return Receipt	dress (Only if requested and	Certified R Insured in R	10008/600 Seturn Re	ceipt Service.	see neverse or instructions		Coop	Postmark Here	EIPT Coverage Provided)
PS Form <b>3811.</b> Décember 1994 1025	6. Signature (Addressee or Agent)	5. Beceived By: (Print Name)	Star Data Service LLC Ironwood Bldg, Ste #300 2920 Highwoods Bldg Raleigh, NC 27604	delivered.  4a. Article Number 1	SENDER: L-0000U-00-0103  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the malipiece, or on the back if space does not permit.  Write "Faturn Receipt Aequested" on the malipiece below the article number.  The Return Receipt will show to whom the article was delivered and the date	PS FORM 3000, PEDIGERY 2000 See Hever's B for instructions.	leigh , NC 27604		Postage  Postmark  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
102595-99-B-0223 Domestic Return Receiv	8609 Six Forks Rd.	7. Date of Delivery	4b. Service Type  Registered  Express Mail  Return Receipt for Merchandise	Number 7000	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery	r instructions				ted)

Is your <u>RETURN ADDRESS</u> completed on the reverse

Damestic Return Receipt

Sanders Complete Items 1, 2, and 3. Als item 4 if Restricted Delivery is different or on the front if space permits.  Print your name and address of so that we can return the card to or on the front if space permits.  Programmer and it Restricted Delivery is different or on the front if space permits.  Trico Electric Coop from service its standard or on the front if space permits.  Trico Electric Coop from service its standard or on the front if space permits.  Trico Electric Coop from service its standard or on the front if space permits.  Trico Electric Coop from service its standard or on the front if space permits.  Trico Electric Coop from service its standard or on the front if space permits.  Article Number Goop from service its standard or on the front if space permits.  Article Number Goop from service its standard or on the front if space permits.  Band Sandard or on the front if space permits.  Article Number Goop from service its standard or on the front if space permits.  Band Sandard or on the front if space permits.  Article Number Goop from service its standard or on the front if space permits.  Band Sandard or on the front if space permits.  Article Number Goop from service its standard or on the front if space permits.  Band Sandard or on the front if space permits.  Article Number Goop from service its standard or on the front if space permits.  Band Sandard or on the front if space permits.  Article Number Goop from service its standard or on the front if space permits.  Band Sandard or on the front if space permits.  Band Sandard or on the front if space permits.  Band Sandard or on the front if space permits.  Band Sandard or on the front if space permits.  Band Sandard or on the front if space permits.  Band Sandard or on the front if space permits.  Band Sandard or on the front if space permits.  Band Sandard or on the front if space permits.  Band Sandard or on the front if space permits.  Band Sandard or on the front if space permits.  Band Sandard or on the front if space permits.  Ba	COMBI ETE THIS SECTION ON DEI WEBY	plete werse lipiece,	1-000001-00-0103	Mail Receipt for	14. resultated Delivery (Extra Per)   1 Yes	Domestic Return Receipt 102595-00-M-0952	City, State, ZiP+4  PS Form 3890, February 2000	<del></del>	Recipient's Name (Please Point Liberty)	5100 West Ina Rd  Tucson, AZ 85743	Postage \$	8085
S W S	+	Is your <u>RETURN ADDR</u> 5. S. He	ESS complet	ed on the pemit of the Pi	Article Number (Copy from service is	PS Form 38	70 8 g			0023	9790	Blob
		ggnt)	gy Trading Corp 06902	le Num			oruary 2000	No.; or PO Box No.	lage where Williams Direct Charles and the beautiful to the constitute of the consti	ling Corp	Poetana	

### 

irn Receipt	Domestic Return Receipt	
3090800B	8	SENDER: Complete items 1 4nd00000014n00-046
4. Restricted Delivery? (Extra Fee) ☐ Yes	2 Article Number (Copy from service Jahon	Up Complete Items 3, 4a, and 4b.  Drint your name and address on the reverse o
☐ Hegistered ☐ Return Receipt for Merchandis☐ Insured Mail ☐ C.O.D.		Attach this form to the front of the mailpiece, c     permit.     Write "Return Receipt Requested" on the mail
/ai	Singman, AL 00402-7000	o delivered.
1. Service Time	2.0.Box 7000	e 3. Afficie Addressed to:
	Aonas Aragon Johave County Plannning and Zoning Jenartment	E Timothy Hogan S Arizona Center for Law in the Pr
If YES, whiter delivery address below: \( \square\) No	Article Addressed to:	E 102 East McDowell Rd #153
X Address	or on the front if space permits.	A Phoenix, AZ 63004
c. signature /1/2/00	Print your name and address on the reverse so that we can return the card to you.	TO A Me AROLE
A. Received by (Pipas) Print Clearly) B. Date of Delive	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired	you be defined the Addressee of Agent.
COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION	PS Form 38/11, December 1994
		•

Thank vou for using Return Receipt Service.

102595-99-8-0223 Domestic Return Receipt	102595-		PS Form 3811, December 1994	Domestic Return Receipt		102595-99-B-0223	PS Form <b>3811,</b> December 1994	
		!	6. Signature (Addressee or Agent)		(	/6	111	s you
fee is paid)	fee is paid)		H JAMES REBES		25002	tek ig parel	DECONICO KUMINER	.—
So Address (Only if promoted and	O Addrosso			Vii requested and	Address (Or	8. Addressee's	Spred By: (Print Name)	TUR 5. Reco
livery	7. Date of Delivery		AD A HOUSE A SOCIOTA	/ou	J 2000	NOV 0 1 2000		
for Merchandise	☐ Return Re		D Phoenix AZ 85004	COD for u	ot for Merchant	Pétum Réceipt for Merchand	101 North 18t Ave #2/00 Phoenix, AZ 85003-1973	
_	☐ Registered		Squire, Sanders & Dempsey LLP	□Insured		□ EXPLOS DEINIX A	Ryley, Carlock & Applewhite	ESS Ry
Type 80/6	4b. Service Type		om Karon I Peters For	Retu		4b. Service Type	Alan Matheson, Esq	. •
umber	4a. Article Number		3. Article Addressed to:	0239770FE		2500060	o. Allice Addressed to.	
	cfe number. and the date	the artic ivered a	Unite 'Hetum Heceipt Hequested' on the malpiece below the article number. In The Return Receipt will show to whom the article was delivered and the date delivered.	eceip	5	and the date	☐ The Return Receipt will show to whom the article was delivered and the date delivered.	اد
2. ☐ Restricted Delivery	ce does not	k if spac			2. D Restri	dicle number.	Primate The transfer of the management of the maniprime of the maniprime of the transfer o	
1. T Addressee's Address	e can return this	o that w			1.  Addre	are does not	card to your control to the front of the mailnings or on the back if snare does not	
l also wish to receive the follow- ing services (for an extra fee):			SENDER: L-00000U-00-0103  GOMPlete items 1 and/or 2 for additional services.  GOMPlete items 3, 49, and 45.	4-	ing services	we can return this	C-OUDUOU-UU-UU-UU-UU-UU-UU-UU-UU-UU-UU-UU-UU-	se side
			A STATE OF THE PERSON OF THE P	 			ORNORD: - COCCOL CO CACO	1
				- 1.				
		47.			CEF	U.S. Postal Service CERTIFIED MAIL	rice AIL RECEIPT	
		M.	(Domestic Mail Only; No Insurance Coverage Provided)			stic Mail Only; h	(Domestic Mail Only; No Insurance Coverage Provided)	
		9 T I						
		 D B		JH				٠.
		- O L	Postage \$	ОЬ		Postage \$	KINDOM	
		<u>2</u>		<u>C</u> b			101 North 15: 85003-1973	
		E	Phoenix, AZ 85004		Return (Endorseme	_ <b>0</b>	Ryley, Carlock & Apple Ryley, Carlock & Apple	
			40 North Central Ave #2700	400	Restricted ( Endorsemen	.e. 1.f	Matheson, Esq.	
			Karen L. Peters, Esq	ter.	Total Posta	· igs		
	<u>, m</u>	Ь.	Recipient's Name (Please Print Clearly) (to be compressed	70		s Name (Please Print (	Recipient's Name (Please Print Clearly) (to be completed by mailer)	
		<u> </u>	Street, Apt. No.; or PO Box No.		· · · · -	Street, Apt. No.; or PO Box No.		
		_:≃ 102	Otty, State, ZIP+4	107	City, State, ZIP+4	ZIP+4	*.	Α,
		_						

aleven for union Datum Banaint Camine